

16 SUB SLIP STAPLE ARS A (for additional cross references)

| POSITION                         | INITIALS | ID #D. | DATE      |
|----------------------------------|----------|--------|-----------|
| <b>FEES DETERMINATION</b>        |          |        |           |
| <b>Q.P.E. CLASSIFIER</b>         | MV       | 101    | 5/19      |
| <b>FORMALITY REVIEW</b>          |          | 778    | 5/23/01   |
| <b>RESPONSE FORMALITY REVIEW</b> | T.M.     | 92-1   | 08-150-61 |

## **INDEX OF CLAIMS**

|                    |   |              |
|--------------------|---|--------------|
| Rejected           | B | Non-electric |
| Altered            | I | In�urance    |
| (through material) | C | Approved     |
| Rejected           | D | Contracted   |

If more than 100 claims or 10 actions  
please attach additional sheet here

LEFT DISCH]